÷				AVAIL ARLE COPY								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I								ALL EI	NTITY		OTHER	THAN
TOTAL CLARGE			(Column 1) (Colum			ımn 2)		TYPE		OR	SMALL	
TOTAL CLAIMS								RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA	ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=					(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•			K40=		OR	X80=	30
MULTIPLE DEPENDENT CLAIM P			RESENT .			+135=		1	+270=			
* If the difference in column 1 is les			less than a	ess than zero, enter "0" in			•		<u> </u>	OR	TOTAL	190
1								OIAL		JOH		
	(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PRESENT PREVIOUSLY PAID FOR			F	RATE	ADDI- TIONAL FEE		RÄTE	ADDI- TIONAL FEE
NON	Total	-26	Minus	" 7	0	= 6.	>	(\$ 9=		OR	X\$18=	
ME	Independent	4	Minus	•••	4	= 0	,	(40=	9	OR	X80=	
	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ستشة			- ·	
							+135=			OR	+270=	
	مستمله متنا باراد							TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	L
-		(Column 1)		.(Colur		(Column 3)						,
IENT B	·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA	A	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
9	Total	127	Minus	1-26	<u></u>	=	х	\$ 9=		OR	X\$18=	
AMENDME	Independent	ATATION OF M	Minus		CLAIN	= Ø	×	40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)										
AMENDMENT C		: CLAIMS : REMAINING : AFTER : AMENDMENT		HIGH NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total ,	· /	Minus	••		=	X	9=		OR	X\$18=	<u> </u>
MM	Independent		Minus	•••		=	\vdash	10=		t	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		-			OR		
٠,	f the entry in colum		35=		OR	+270=						
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)